



# COUNTY OF SAN DIEGO

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
FAMILY SELF-SUFFICIENCY PROGRAM SCHOLARSHIP APPLICATION **SPRING 2014**

Head of Household \_\_\_\_\_ Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

School \_\_\_\_\_ Student ID# \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Have you registered for classes for the Fall 2014 semester?

- **If yes**, attach your schedule to this application.
- **If no**, when are you scheduled to register for classes? \_\_\_\_\_

***Please note:** If you are selected to receive a scholarship you will need to provide a class schedule before the funds can be sent to the school.*

Please attach an essay on all of the following 2 topics:

1. Discuss a special attribute or accomplishment that sets you apart.
2. Describe how you have demonstrated leadership ability both in and out of school.

\*\*\* Your essay **must be** typed, size 12 Times New Roman font, double spaced with a minimum of 450 words, and not exceeding 500 words. If you do not meet these requirements your application will be disqualified.

## **Application Checklist:**

- ☐ I have completed my application
- ☐ I have attached a copy of my Fall 2014 semester/quarter class schedule
- ☐ I have attached my essay

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return application, essay, and class schedule no later than July 31st, 2014 to:**

**County Of San Diego  
Department of Housing & Community Development  
Family Self-Sufficiency Scholarship Program  
Attn: Robin Ramirez  
3989 Ruffin Road  
San Diego, CA 92123**